90-100 APPENDIX C. FORM 11-39 HHSA

SAN DIEGO COUNTY

HEALTH AND HUMAN SERVICES AGENCY IMPORTANT NOTICE: A REDETERMINATION OF YOUR GENERAL RELIEF ELIGIBILITY IS CURRENTLY DUE	
Case Numb	per:
District:	
Worker:	
Phone:	
Date of Not	ice:
ALL GENERAL RELIEF RECIPIENTS IN THE INCAPACIT. PROGRAM, EMPLOYABLE WITH LIMITATIONS PROGR. MUST COMPLETE A PERIODIC REDETERMINATION INTI	AM AND BOARD AND CARE PROGRAM
YOUR REDETERMINATION INTERVIEW IS SCHEDULED (TIME) (A.M./P.M.) AT THE OFFICE APPEAR FOR THIS SCHEDULED INTERVIEW, YO IMMEDIATELY TO MAKE OTHER ARRANGEMENTS.	CHECKED BELOW. IF YOU CANNOT
YOU MUST FILL OUT THE ENCLOSED FORMS <u>COMPL</u> THESE FORMS):	ETELY IN INK (DO NOT SIGN OR DATE
PLEASE BRING THE ITEMS CH	IECKED BELOW
☐ STATEMENT OF FACTS FOR GENERAL RELIEF	
□ OTHER	
TO AVOID DELAY, BE SURE ALL FORMS ARE COMPINTERVIEW. BRING ALL FORMS AND VERIFICATION REGISTRATION, BANK ACCOUNT INFORMATION, ET INTERVIEW APPOINTMENT.	ON OF PROPERTY (I.E., AUTOMOBILE
IF YOU DO NOT ATTEND THE SCHEDULED INTERVIEW YOUR GENERAL RELIEF CASE MAY BE DISCONTINUED	
□ 220 S. FIRST STREET □ 1130 10 TH AVENUE EL CAJON, CA 92019 SAN DIEGO, CA 92101	□ 1315 UNION PLAZA CT. OCEANSIDE, CA 92054

☐ 690 OXFORD STREET, SUITE E CHULA VISTA, CA 91911